

Oral Testimony by

Eli O. Hunt, Chairman  
Leech Lake Band of Ojibwe

Before the  
Committee on Indian Affairs  
United States Senate  
Washington, D.C.  
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Good morning, Mr. Chairman and members of the committee. My name is Eli Hunt, Chairman of the Leech Lake Band of Ojibwe Indians in Minnesota. I am also here as a representative of the Midwest Alliance of Sovereign Tribes or MAST. MAST is a consortium of 36 tribes located in Michigan, Wisconsin, Minnesota, Iowa and Indiana with a total membership of 136,000.

The Leech Lake Reservation is located approximately 200 miles north of Minneapolis. Health Care services are provided by the Indian Health Service and the Band under a P.L. 93-638 contract to cover 13,000 people. The Tribal Council of the Band affirms that American Indians experience a great disparity in their health conditions as compared with other races. We want to work with Congress and the Administration to achieve health parity for our people.

The Leech Lake Tribal Council is duly recognized governing body of the Leech Lake Band of Ojibwe. The Council believes that quality health care is an essential service for the citizens of the Leech Lake Reservation. The Council is committed to active involvement in structuring, and prioritizing health care delivery to the people.

The Council cites the Snyder Act of 1921, the Indian Self-Determination Act, as amended, and The Indian Health Care Improvement Act as amended as basis for maintaining and fulfilling the trust, legal and moral responsibilities of the federal government to American Indians and Alaska Natives.

The Leech Lake Band and member tribes of MAST acknowledge and appreciate the 8% increase in the IHS budget for fiscal year 2001. However, we also note that it fell far short of addressing the unmet need. Over the past eight years, the IHS budget has grown by 36% while inflation and population growth has created a need for a 58% increase to simply maintain program effort.

Throughout 2000, IHS has consulted with tribes and tribal and urban Indian organizations, including the National Congress of American Indians, the Tribal Self-Governance Advisory Group, Level of Need Funding Work Group and the National Indian Health Board in the development of the 2002 budget.

This process has led to the development of an \$18 billion needs-based budget. This figure includes a non-recurring \$8.7 billion facilities construction request and \$10 billion to help fund the health care

needs of American Indians and Alaska Natives. As a representative of the Leech Lake Band and MAST, I fully support the FY 2002 recommendations made by the LNF Workgroup.

We understand that the Indian Health Care Improvement Act will require reauthorization for fiscal year 2002 and beyond. Legislation to reauthorize and amend the Act is pending before this Committee as S. 211 and before the House as H.R. 1662. The Leech Lake Band and the MAST tribes strongly support enactment of this critical legislation. Not only will this legislation continue the appropriation authorization for the many critical health programs in the Act, but it also contains badly need programs authority to improve Indian health care delivery.

The Band also has some specific concerns in the area of health care delivery. With respect to contract support costs, we feel that those funds should be placed in a pool and equally divided. In the same vein, a more equitable policy for the distribution of facilities construction funding must be adopted.

In particularly, the Leech Lake Band requests that there should be consideration for the funding of construction projects to improve or replace old, inefficient and obsolete health care facilities. The Public Health Service hospital (initially built in 1937) and clinic located on the Reservation in the City of Cass Lake has gross shortages in space and facility utilization that directly affects the ability of IHS and the Tribal Health Division to meet the needs of the 13,000 registered patients. Two satellite clinics have been constructed and staffed with midlevel providers to attempt to meet the health care needs in remote areas of the reservation. Through the use of third party reimbursement, this has brought an alternative approach to providing health care.

The Band is also very concerned about the inadequacies of the Contract Health Care program. These health care dollars are used for wrap-around services and are used for a priority system that rations health care. The great need for contract health care is based upon the various illnesses within our population and is determined upon a life-and-death basis. The IHS contract health care program is in dire need of more funding to adequately address the needs for advanced medical care in Indian country.

We would also like to note for the Committee's consideration that the 2002 budget request does not include continued funding for redirected resources. This leaves no avenue for tribes to access Federal construction dollars. As a consequence, there would be no chance at all for construction funding.

Finally, Mr. Chairman, we would like to note that the level of needed funding for IHS health care is below what we need to provide to all of our beneficiaries. Congress directed the IHS to work with tribes to develop a sound logical rationale for the documentation of this need. Dr. Trujillo formed a national workgroup to do this. The formula that the workgroup developed involved the comparison of the funding we get with amount of dollars we would receive if we provided the same level of service as a Blue Cross Federal worker's health insurance plan. That comparison showed that, if the National average cost is \$3,500 per person, the IHS funding is \$1,600 per person.

Further analysis showed that the funding IHS receives is not equally distributed through the IHS areas.

The Bemidji area gets \$850 per person and we are the lowest funded IHS area. We respectfully request that this Committee take action to bring every tribe up to at least 70% of the needed funding. In addition, a special appropriation is needed to bring the Bemidji Area tribes up to an average of 6.5% of level needed funding.

Mr. Chairman this completes my statement on behalf of The Leech Lake Band of Ojibwe and the MAST tribes. I would be happy to answer any questions the Committee members may have.